



European Symposium Review

OHDSI Community Call
July 11, 2023 • 11 am ET



July Community Calls

Date	Topic
July 11	European Symposium Review
July 18	Vulcan: An HL7 FHIR Accelerator Transforming Clinical & Translational Research
July 25	Around The Asia-Pacific Region
Aug. 1	Digital Quality Measurement & the OHDSI Partnership with NCQA



Three Stages of The Journey

Where Have We Been?

Where Are We Now?

Where Are We Going?





OHDSI Shoutouts!



Congratulations to the team of **David Vizcaya, Csaba P Kovesdy, Andrés Reyes, Elena Pessina, Pau Pujol, Glen James, and Nikolaus G Oberprieler** on the publication of **Characteristics of patients with chronic kidney disease and Type 2 diabetes initiating finerenone in the USA: a multi-database, cross-sectional study** in the *Journal of Comparative Effectiveness Research*.

Research Article

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Characteristics of patients with chronic kidney disease and Type 2 diabetes initiating finerenone in the USA: a multi-database, cross-sectional study



Journal of **Comparative Effectiveness Research**

David Vizcaya^{*,1}, Csaba P Kovesdy², Andrés Reyes³, Elena Pessina⁴, Pau Pujol³, Glen James⁵ & Nikolaus G Oberprieler⁶

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Aim: Finerenone is safe and efficacious for treating patients with chronic kidney disease (CKD) and Type 2 diabetes (T2D). Evidence on the use of finerenone in clinical practice is lacking. **Objective:** To describe demographic and clinical characteristics of early adopters of finerenone in the United States, according to sodium-glucose cotransporter 2 inhibitor (SGLT2i) use and urine albumin-creatinine ratio (UACR) levels. **Methods:** Multi-database, observational, cross-sectional study, using data from two US databases (Optum Claims and Optum EHR). Three cohorts were included: finerenone initiators with prior CKD-T2D, finerenone initiators with prior CKD-T2D and concomitant SGLT2i use, finerenone initiators with prior CKD-T2D stratified according to UACR. **Results:** In total, 1015 patients were included, 353 from Optum Claims and 662 from Optum EHR. Mean age was 72.0 and 68.4 years in Optum claims and EHR, respectively. Median eGFR was 44 and 44 ml/min/1.73 m²; and median UACR was 132 (28–698)/365 (74–1185.4) mg/g, in Optum Claims and EHR, respectively. 70.5/70.4% were taking renin-angiotensin system inhibitors, 42.5/53.3% SGLT2i. Overall, 9.0/6.3% of patients had baseline UACR <30 mg/g, 15.0/20.2% had UACR 30–300 mg/g, and 14.4/27.6% had UACR >300 mg/g. **Conclusion:** Current management of patients with CKD-T2D reflects use of finerenone independently from background therapies and clinical characteristics, suggesting implementation of therapeutic strategies based on different modes of action.



OHDSI Shoutouts!



Congratulations to the team of **Sajjad Fouladvand, Morteza Noshad, Mary Kane Goldstein, VJ Periyakoil, and Jonathan Chen** on the publication of **Characteristics of patients with chronic kidney disease and Type 2 diabetes initiating finerenone in the USA: a multi-database, cross-sectional study** in the *Volume 305 of Studies in Health Technology and Informatics*.

Harmonisation of German Health Care Data Using the OMOP Common Data Model – A Practice Report

Authors	Nicole Hechtel, Johanna Apfel-Starke, Sophia Köhler, Maikel Fradziak, Norman Schönfeld, Jens Steinmeyer, Steffen Oeltze-Jafra
Pages	287 - 290
DOI	10.3233/SHTI230485
Category	Research Article
Series	Studies in Health Technology and Informatics
Ebook	Volume 305: Healthcare Transformation with Informatics and Artificial Intelligence

Abstract

Data harmonization is an important step in large-scale data analysis and for generating evidence on real world data in healthcare. With the OMOP common data model, a relevant instrument for data harmonization is available that is being promoted by different networks and communities. At the Hannover Medical School (MHH) in Germany, an Enterprise Clinical Research Data Warehouse (ECRDW) is established and harmonization of that data source is the focus of this work. We present MHH's first implementation of the OMOP common data model on top of the ECRDW data source and demonstrate the challenges concerning the mapping of German healthcare terminologies to a standardized format.



OHDSI Shoutouts!



Congratulations to the team of **Vlasios Dimitriadis, Achilleas Chytas, Margarita Grammatikopoulou, George Nikolaidis, Jenny Pliatsika, Martha Zachariadou, Spiros Nikolopoulos, and Pantelis Natsiavas** on the publication of **Use of Real-World Data to Support Adverse Drug Reactions Prevention During ePrescription** in the *Volume 305 of Studies in Health Technology and Informatics*.

Use of Real-World Data to Support Adverse Drug Reactions Prevention During ePrescription

Authors	Vlasios Dimitriadis, Achilleas Chytas, Margarita Grammatikopoulou, George Nikolaidis, Jenny Pliatsika, Martha Zachariadou, Spiros Nikolopoulos, Pantelis Natsiavas
Pages	226 - 229
DOI	10.3233/SHTI230469
Category	Research Article
Series	Studies in Health Technology and Informatics
Ebook	Volume 305: Healthcare Transformation with Informatics and Artificial Intelligence

Abstract

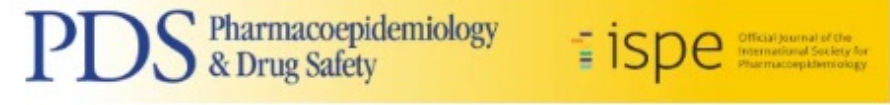
Adverse Drug Reactions (ADRs) are a crucial public health issue due to the significant health and monetary burden that they can impose. Real-World Data (RWD), e.g., Electronic Health Records, claims data, etc., can support the identification of potentially unknown ADRs and thus, they could provide raw data to mine ADR prevention rules. The PrescIT project aims to create a Clinical Decision Support System (CDSS) for ADR prevention during ePrescription and uses OMOP-CDM as the main data model to mine ADR prevention rules, based on the software stack provided by the OHDSI initiative. This paper presents the deployment of OMOP-CDM infrastructure using the MIMIC-III as a testbed.



OHDSI Shoutouts!



Congratulations to the team of **SooJeong Ko, Se-Hyun Chang, Yeon Woong Chung, Young-Gyun Seo, Dong-Yoon Gang, Kwangsoo Kim, Dong-Jin Chang, and In Young Choi** on the publication of **Investigation of hepatic adverse events due to quetiapine by using the common data model** in *Pharmacoepidemiology Drug Safety*.



ORIGINAL ARTICLE

Investigation of hepatic adverse events due to quetiapine by using the common data model

SooJeong Ko ✉, Se-Hyun Chang ✉, Yeon Woong Chung ✉, Young-Gyun Seo ✉, Dong-Yoon Gang ✉, Kwangsoo Kim ✉, Dong-Jin Chang ✉, In Young Choi ✉

First published: 27 June 2023 | <https://doi.org/10.1002/pds.5663>

This article has been accepted for publication and undergone full peer review but has not been through the copyediting, typesetting, pagination and proofreading process, which may lead to differences between this version and the Version of Record. Please cite this article as doi: 10.1002/pds.5663.

PDF TOOLS SHARE

Abstract

Purpose

Quetiapine is a drug used to treat schizophrenia, bipolar disorder, and major depressive disorder. However, it can cause mild or severe hepatic adverse events and rarely fatal liver damage. This study was aimed at investigating hepatic toxicity caused by quetiapine use by analyzing the information captured from hospital electronic health records by using the Observational Medical Outcomes Partnership common data model (CDM).



OHDSI Shoutouts!



Congratulations to the team of **Jill Hardin, Rupa Makadia, Shawn Black, Irene Lara-Corrales, Lucia Diaz, Joslyn Kirby, Cynthia DeKlotz** on the publication of **Characteristics and treatment pathways in pediatric and adult hidradenitis suppurativa: An examination using real world data in JAAS International.**

ORIGINAL ARTICLE

Characteristics and treatment pathways in pediatric and adult hidradenitis suppurativa: An examination using real world data



Jill Hardin, PhD,^{a,b} Rupa Makadia, PhD,^{a,b} Shawn Black, PhD,^c Irene Lara-Corrales, MD,^d Lucia Z. Diaz, MD,^e Joslyn S. Kirby, MD,^f and Cynthia M. C. DeKlotz, MD^g

Background: Hidradenitis suppurativa (HS) is a chronic, debilitating, inflammatory disease. Contemporaneous real-world data can be used to elucidate the clinical treatment of pediatric patients and how treatment strategies compare with adult hidradenitis suppurativa patients.

Objective: The objective of this study is to evaluate clinical and treatment characteristics of pediatric and adult HS patients.

Methods: HS adult and pediatric patients were identified in 3 the United States administrative claims databases during the study period between 2016 to 2021. Patients were required to have 2 diagnostic codes for HS and have at least 365 days of prior observation time to the first HS diagnosis.

Results: Pediatric and adult HS treatments were similar. The proportions of subjects treated with topical and oral antibiotic or oral antibiotic alone or topical medication alone or surgery alone covered 90% of the treated pediatric subjects and 91% of treated adult subjects. The remaining proportion of subjects received other treatment combinations.

Limitations: The databases represent subjects with commercial or government insurance coverage and thus do not necessarily represent the broader US population. The databases do not capture information about medications obtained without insurance.

Conclusions: Although subtle differences exist, this study confirms that topical and systemic therapeutic treatment of HS in adults and adolescents is very similar. (JAAD Int 2023;12:124-32.)

From the Janssen Research and Development, Raritan, New Jersey¹; Observational Health Data Sciences and Informatics (OHDSI), New York, New York²; Janssen Research and Development, Spring House, Pennsylvania³; The Hospital for Sick Children, Toronto, Ontario, Canada⁴; Department of Pediatrics, The University of Texas at Austin, Austin, Texas⁵; and Department of Dermatology, Pennsylvania State University, Hershey, Pennsylvania.⁷

Funding sources: None.

IRB approval status: The use of IBM and Clinfomatics databases were reviewed by the New England Institutional Review Board (IRB) and were determined to be exempt from broad IRB

Data are available from IBM at <https://www.ibm.com/products/marketscanresearch-databases>, from Clinfomatics at <https://www.optum.com/business/solutions/life-sciences/real-world-data.html>. The use of Clinfomatics and CCAE was reviewed by the New England Institutional Review Board and was determined to be exempt from broad Institutional Review Board approval as this project do not qualify as human subject research.

Accepted for publication May 21, 2023.

Correspondence to: Jill Hardin, PhD, Department of Epidemiology, Janssen Research & Development, LLC, 1125 Trenton-Harbourton Rd, Titusville, NJ 08560. E-mail: jhardi10@its.jnj.com.



OHDSI Shoutouts!



Congratulations to the team of **Giorgio Gandaglia, Francesco Pellegrino, Asieh Golozar, Bertrand De Meulder, Thomas Abbott, Ariel Achtman, Muhammad Imran Omar, Thamir Alshammari, Carlos Areia, Alex Asimwe, Katharina Beyer, Anders Bjartell, Riccardo Campi, Philip Cornford, Thomas Falconer, Qi Feng, Mengchun Gong, Ronald Herrera, Nigel Hughes, Tim Hulsen, Adam Kinnaird, Lana Lai, Gianluca Maresca, Nicolas Mottet, Marek Oja, Peter Prinsen, Christian Reich, Sebastiaan Remmers, Monique Roobol, Vasileios Sakalis, Sarah Seager, Emma Smith, Robert Snijder, Carl Steinbeisser, Nicolas Thurin, Ayman Hijazy, Kees van Bochove, Roderick Van den Bergh, Mieke Van Hemelrijck, Peter-Paul Willemse, Andrew Williams, Nazanin Zounemat Kermani, Susan Evans-Axelsson, Alberto Briganti, James N'Dow; PIONEER Consortium** on the publication of **Clinical Characterization of Patients Diagnosed with Prostate Cancer and Undergoing Conservative Management: A PIONEER Analysis Based on Big Data** in *European Urology*.

available at www.sciencedirect.com
journal homepage: www.europeanurology.com



Platinum Priority – Prostate Cancer
Editorial by XXX on pp. x-y of this issue

Clinical Characterization of Patients Diagnosed with Prostate Cancer and Undergoing Conservative Management: A PIONEER Analysis Based on Big Data

Giorgio Gandaglia^{a,b,*}, **Francesco Pellegrino**^b, **Asieh Golozar**^{c,d}, **Bertrand De Meulder**^e, **Thomas Abbott**^f, **Ariel Achtman**^g, **Muhammad Imran Omar**^{a,h}, **Thamir Alshammari**ⁱ, **Carlos Areia**^j, **Alex Asimwe**^k, **Katharina Beyer**^l, **Anders Bjartell**^m, **Riccardo Campi**^{a,n,o}, **Philip Cornford**^p, **Thomas Falconer**^q, **Qi Feng**^r, **Mengchun Gong**^{r,s}, **Ronald Herrera**^k, **Nigel Hughes**^t, **Tim Hulsen**^u, **Adam Kinnaird**^v, **Lana Y.H. Lai**^w, **Gianluca Maresca**^x, **Nicolas Mottet**^a, **Marek Oja**^{y,z}, **Peter Prinsen**^{aa}, **Christian Reich**^{bb}, **Sebastiaan Remmers**^{cc}, **Monique J. Roobol**^{cc}, **Vasileios Sakalis**^{dd}, **Sarah Seager**^{ee}, **Emma J. Smith**^a, **Robert Snijder**^f, **Carl Steinbeisser**^k, **Nicolas H. Thurin**^{ff}, **Ayman Hijazy**^e, **Kees van Bochove**^{gg}, **Roderick C.N. Van den Bergh**^{hh}, **Mieke Van Hemelrijck**ⁱ, **Peter-Paul Willemse**^{ai}, **Andrew E. Williams**^{jj}, **Nazanin Zounemat Kermani**^{kk}, **Susan Evans-Axelsson**^{k,l}, **Alberto Briganti**^{a,b}, **James N'Dow**^{a,h}, **on behalf of the PIONEER Consortium**

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OHDSI Shoutouts!



Congratulations to the team of **Craig Mayer and Vojtech Huser** on the publication of **Learning important common data elements from shared study data: The All of Us program analysis** in *PLOS One*.

PLOS ONE

RESEARCH ARTICLE

Learning important common data elements from shared study data: The All of Us program analysis

Craig S. Mayer^{1*}, Vojtech Huser^{1*}

Lister Hill National Center for Biomedical Communication, National Library of Medicine, NIH, Bethesda, Maryland, United States of America

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Abstract

There are many initiatives attempting to harmonize data collection across human clinical studies using common data elements (CDEs). The increased use of CDEs in large prior studies can guide researchers planning new studies. For that purpose, we analyzed the All of Us (AoU) program, an ongoing US study intending to enroll one million participants and serve as a platform for numerous observational analyses. AoU adopted the OMOP Common Data Model to standardize both research (Case Report Form [CRF]) and real-world (imported from Electronic Health Records [EHRs]) data. AoU standardized specific data elements and values by including CDEs from terminologies such as LOINC and SNOMED CT. For this study, we defined all elements from established terminologies as CDEs and all custom concepts created in the Participant Provided Information (PPI) terminology as unique data elements (UDEs). We found 1 033 research elements, 4 592 element-value combinations and 932 distinct values. Most elements were UDEs (869, 84.1%), while most CDEs were from LOINC (103 elements, 10.0%) or SNOMED CT (60, 5.8%). Of the LOINC CDEs, 87 (53.1% of 164 CDEs) originated from previous data collection initiatives, such as PhenX (17 CDEs) and PROMIS (15 CDEs). On a CRF level, The Basics (12 of 21 elements, 57.1%) and Lifestyle (10 of 14, 71.4%) were the only CRFs with multiple CDEs. On a value level, 61.7% of distinct values are from an established terminology. AoU demonstrates the use of the OMOP model for integrating research and routine healthcare data (64 elements in both contexts), which allows for monitoring lifestyle and health changes outside the research setting. The increased inclusion of CDEs in large studies (like AoU) is important in facilitating the use of existing tools and improving the ease of understanding and analyzing the data collected, which is more challenging when using study specific formats.

OPEN ACCESS

Citation: Mayer CS, Huser V (2023) Learning important common data elements from shared study data: The All of Us program analysis. *PLoS ONE* 18(7): e0283601. <https://doi.org/10.1371/journal.pone.0283601>

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OHDSI Shoutouts!



Any shoutouts from the community? Please share and help promote and celebrate OHDSI work!

Do you have anything you want to share? Please send to sachson@ohdsi.org so we can highlight during this call and on our social channels.

Let's work together to promote the collaborative work happening in OHDSI!





Three Stages of The Journey

Where Have We Been?

Where Are We Now?

Where Are We Going?





Upcoming Workgroup Calls



Date	Time (ET)	Meeting
Tuesday	12 pm	Common Data Model Vocabulary
Tuesday	6 pm	Eyecare & Vision Research
Wednesday	7 am	Medical Imaging
Wednesday	9 am	Patient-Level Prediction
Wednesday	2 pm	Natural Language Processing
Thursday	8 am	India Chapter
Thursday	9:30 am	Data Network Quality
Thursday	7 pm	Dentistry
Friday	9 am	Phenotype Development & Evaluation
Friday	9 am	GIS – Geographic Information Systems General
Friday	11 am	Clinical Trials
Friday	11 pm	China Chapter
Monday	10 am	Healthcare Systems Interest Group
Monday	11 am	Data Bricks User Group



2023 Asia-Pacific Community Calls

Date	Topic
August 17	European and APAC Symposium Recap
September 21	Training Session #5
October 19	Training Session #6
November 16	Global Symposium Recap and Training Session #7
December 21	APAC 2023 Recap and Year Closing

Latest OHDSI Newsletter Is Available



The Journey Newsletter (July 2023)

The OHDSI community took an in-depth look at both its vocabularies and one of its most-used open-source tools, ATLAS, in June. We also received a record-setting number of submissions for the OHDSI Global Symposium (Oct. 20-22, East Brunswick, NJ, USA), while community members prepare for both the Europe and Asia-Pacific (APAC) Symposiums in July. [#JoinTheJourney](#)

Video Podcast: Mid-Year Reflections & More

OHDSI **On The Journey** #JoinTheJourney

Patrick Ryan Craig Sachson

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In the latest On The Journey video, Patrick Ryan and Craig Sachson discuss mid-year reflections on three pillars of the OHDSI community – vocabularies, data and open-source tools, including ATLAS. (If video does not appear, click 'view this email in your browser')

Community Updates

Where Have We Been?

- It was exciting to see nearly 170 submissions for the 2023 Global Symposium Collaborator Showcase, which will be expanded to three days this October. This represents more than a 25% improvement in submissions from last year and demonstrates the wide breadth of research happening in our community. Thank you to everybody who shared their brief reports, and thank you to our scientific review volunteers who will be reviewing them.
- Open-source vocabularies are one of the core pillars of the OHDSI community, and our Vocabulary Team led a landscape assessment earlier this year to help determine the roadmap for future updates. **Anna Ostropelets**, **Alexander Davydov** and **Christian Reich** [led a June session](#) to discuss the assessment findings, the immediate roadmap and how the community can contribute. You can learn more about the vocabularies later in this newsletter, including in the latest collaborator spotlight focus on Alexander Davydov.
- Course director **Dani Prieto-Alhambra** led the *Oxford Summer School 2023: Real World Evidence using the OMOP Common Data Model* in late June, and multiple members of the OHDSI community joined as speakers and delegates from multiple stakeholders throughout the week. Thank you to everybody in the community who helped return this great educational opportunity in-person for the first time since the pandemic.

Where Are We Now?

- The European Symposium was held July 1-3 in Rotterdam, Neth., with the main conference taking place on the Steamship Rotterdam. If you didn't make it to the event, **Renske Los** and **Talita Duarte-Salles** will lead a review of the event during the July 11 community call, and all videos will be posted to the OHDSI web site when available.
- The Asia-Pacific (APAC) Symposium is being held July 13-14 in Sydney, Australia, and [the complete agenda](#) was recently released. If you are interested in attending, [registration will remain open through July 6](#).

Vocabulary Assessment, Future Roadmap & Community Contributions Highlighted

Maintenance: Aug 2023 and February 2024 releases

	August 2023	February 2024
CPT4 refresh	CVX refresh	<i>SNOMED overhaul</i>
	LOINC refresh	and refresh (UK, US, Int)
	NDC refresh	<i>ICD10 improvement + refresh</i>
	RaNorm refresh	(ICD10CM, ICD10, ICD10CN, ICD10GM, CIM10)
	RaNorm Extension update	RaNorm Extension update
	SPL refresh	MedDRA <i>improvement + refresh</i>
VANDF refresh	SPL refresh	Read mapping refresh
	VANDF refresh	HCPCS refresh

August 2024: refreshes of vocabularies above + ATC overhaul

More information: Vocabulary v5.0 GitHub Wiki [link/43ghv6](#)

The June 6 OHDSI Community Call featured a session focused on OHDSI Standardized Vocabularies: Landscape, Roadmap & Community Contributions. Following the release of the OHDSI Standardized Vocabularies Assessment, leaders from the vocabulary team presented findings and next steps, including ways to create a more transparent and reliable release cycle.

This session was led by:

- Anna Ostropelets** (Director, Head of the Innovation Lab, Odysseus Data Services, Inc.)
- Alexander Davydov** (Technical Team Lead, Odysseus Data Services, Inc.)
- Christian Reich** (Senior Researcher, Erasmus University Medical Center; Professor of Practice, Northeastern University)

Both the full presentation the landscape assessment are available below.

Vocabulary Assessment & Roadmap Presentation

Vocabulary Release Planning

June Publications

Puttmann D, de Groot R, de Keizer N, Cornet R, Elbers PWG, Dongelmanns D, Bakhshi-Raiez F; Dutch ICU Data Sharing Against COVID-19 Collaborators. [Assessing the FAIRness of databases on the EHDEN portal: A case study on two Dutch ICU databases](#). Int J Med Inform. 2023 Aug;176:105104. doi: 10.1016/j.ijmedinf.2023.105104. Epub 2023 May 27. PMID: 37267810.

Williams N. [Building the observational medical outcomes partnership's T-MSIS Analytic File common data model](#). Inform Med Unlocked. 2023;39:101259. doi: 10.1016/j.imu.2023.101259. Epub 2023 May 5. PMID: 37305615; PMCID: PMC10249773.

Bui MH, Lee DY, Park SJ, Park KH. [Real-World Treatment Intensity and Patterns in Patients With Myopic Choroidal Neovascularization: Common Data Model in Ophthalmology](#). J Korean Med Sci. 2023 Jun 12;38(23):e174. doi: 10.3346/jkms.2023.38.e174. PMID: 37309694; PMCID: PMC10261705.

Bennett N, Plečko D, Ukor IF, Meinshausen N, Bühlmann P. [ricu: R's interface to intensive care data](#). Gigascience. 2022 Dec 28;12:giad041. doi: 10.1093/gigascience/giad041. PMID: 37318234; PMCID: PMC10268223.

Lim JE, Kim HM, Kim JH, Baek HS, Han MY. [Association between dyslipidemia and asthma in children: A systematic review and multicenter cohort study using a common data model](#). Clin Exp Pediatr. 2023 Jun 14. doi: 10.3345/cep.2023.00290. Epub ahead of print. PMID: 37321588.

Arshad F, Schuemie MJ, Bu F, Minty EP, Alshammari TM, Lai LYH, Duarte-Salles T, Fortin S, Nyberg F, Ryan PB, Hripcsak G, Prieto-Alhambra D, Suchard MA. [Serially Combining Epidemiological Designs Does Not Improve Overall Signal Detection in Vaccine Safety Surveillance](#). Drug Saf. 2023 Jun 16. doi: 10.1007/s40264-023-01324-1. Epub ahead of print. PMID: 37328600.

Fouladvand S, Noshad M, Goldstein MK, Periyakoil VJ, Chen JH. [Mild Cognitive Impairment: Data-Driven Prediction, Risk Factors, and Workup](#). AMIA Jt Summits Transl Sci Proc. 2023 Jun 16;2023:167-175. PMID: 37350911; PMCID: PMC10283085.

mailchi.mp/ohdsi/july2023newsletter

India Chapter Webinar Now Available



Speakers Introduction



- Dr. Vikram Patil
- Dr. Vikram Patil is the Deputy Dean (Research) at JSS AHER, Mysuru. He is a Radiologist by profession, heading and coordinating the Digital Health, Health Data and Artificial Intelligence related activities at JSS AHER.
- His team has been involved in product validations and clinical trials for Innovative Technologies along with providing clinical support for many startup incubator hubs and also many technology giants at JSS AHER .
- He is serving as an expert committee member on "Future Skills in Health Tech" of Govt of India and is the Vice President of OHDSI (Observational Health Data Science Informatics), India chapter.



Speakers Introduction



- Parthiban S
- VP - Innovation and Growth, Global Value Web and President of OHDSI India.
- Mr. Parthiban has over 30 years of professional experience, with more than a decade in the Pharma and Life Sciences industry.
- He possesses a multi-disciplinary skills in almost all functional areas such as R&D, Delivery Management, Operations, Consulting, Business Development as well as in Sales.
- His key contribution in leadership role and tackling Resource and Operational growth challenges are highly appreciated.



Invitation to Webinar on
Redefine Indian Healthcare with Real World Data and Real World Evidence

14th June, 2023, 3 pm – 4 pm, IST

Promoted by



Organized by



Official collaborator



Speakers Introduction



- Prof. Nicole Pratt
- Professor Nicole Pratt is the Deputy Director of the Quality Use of Medicines and Pharmacy Research Centre, University of South Australia.
- She is a member of the Drug Utilisation Subcommittee (DUSC) of the Australian Department of Health Pharmaceutical Benefits Advisory Committee (PBAC). She has a particular interest in new statistical methodologies to study the effectiveness and safety of medicine use and in the development of tools for post-marketing surveillance of medicines.
- She is a co-chair of the Asian Pharmacoepidemiology Network (AsPEN) initiative (www.aspenet.asia) and a collaborator of Observational Health and Data Sciences and Informatics (www.ohdsi.org) which aims to bring out the value of health data through large-scale analytics.





OHDSI APAC Symposium Agenda (July 13-14)

Day 1 (July 13) • Main Conference

8:00-8:30 • Registration & tea/coffee

8:30-9:00 • Welcome Session – A collaborative recipe for generating reliable real-world evidence (*Nicole Pratt, President OHDSI Australia Chapter, University of South Australia*)

Session 1: OHDSI – An artisanal approach to crafting real-world evidence

9:20-9:50 • Keynote – Engineering an open science system that builds trust, confidence and addresses the needs of regulators, clinicians, and consumers (*Patrick Ryan, Vice President, Observational Health Data Analytics, Janssen Research and Development*)

9:50-10:20 • Transforming health: What do regulators, clinicians, and consumers really want to know about healthcare and how can OHDSI help (*Asieh Golozar, Vice President, Global Head of Data Science at Odysseus Data Services, Inc. Professor of the Practice & Director of Clinical Research at the OHDSI Center, Northeastern University*)

10:20-10:40 • break

Session 2: A step-by-step recipe for RWE: The OHDSI Save-our-Sisyphus Challenge

10:40-11:00 • Research Study presentation: Fluroquinolones antibiotics and the risk of aortic aneurysm and dissection – A study of 12 million patients (*Jack Janetzki, University of South Australia*)

11:00-12:00 • Panel discussion – regulators, clinicians and consumers (response from stakeholders)

12:00-13:30 • Lunch & poster presentation

Session 3: Too many cooks in the kitchen is never enough: Collaborative Data Harmonisation to improve patient care

13:30-14:00 • OMOP/FHIR: challenges of each model and how the collaboration can resolve those challenges (*Grahame Grieve, Principal at Health Intersections Pty Ltd*)

14:00-14:30 • OMOP Oncology: Paving the Way for Patient-Centric Cancer Care (*Kim Carter, Data Science Manager, Minderoo Foundation & Georgina Kennedy, Ingham Institute for Applied Medical Research*)

Session 4: A Smorgasbord of Health Data Insights across the APAC Region

14:30-15:15 • APAC lightning talks – 7 presentations from across the region (*Chair: Sarah Seager, IQVIA*)

15:15-15:30 • OMOP Oncology: Paving the Way for Patient-Centric Cancer Care (*Kim Carter, Data Science Manager, Minderoo Foundation & Georgina Kennedy, Ingham Institute for Applied Medical Research*)

15:30-16:15 • Panel discussion with APAC regional chapters – We have the ingredients – now let's generate the evidence! (*Introduction & Chair: Mui Van Zandt, IQVIA*)

16:15-16:30 • Closing remarks (*Nicole Pratt & Patrick Ryan*)

16:30-18:00 • Networking reception

Day 2 (July 14) • Tutorials

Tutorials will be led by Patrick Ryan, Martijn Schuemie, Marc Suchard, Mui Van Zandt, Nicole Pratt, Jing Li and others on the topic of "How to run a network study."

9:00-10:20 • Session 1: Dataset ETL & mapping session

- Overview of the OMOP CDM and vocabularies (Lecture)
- The ETL process (Lecture)
- Live demo of a dataset translation

Parallel Breakout Session: Oncology Workgroup

Join the oncology workgroup to discuss:

- Current state & progress in OMOP Oncology for cancer research
- Challenges & initiatives in undertaking oncology research
- Developing a roadmap to shape the future of OMOP Oncology

10:20-10:40 • Break

10:40-12:30 • Session 2: Using the OHDSI Tools to generate evidence (the Fluroquinolone SOS Challenge study)

- How to define a clinical question as an OHDSI study (Lecture)
- Defining cohorts using ATLAS (Lecture)
- Cohort hands-on in ATLAS

12:30-13:30 • break

13:30-15:00 • Session 3: Research study in depth (design and execution)

- Overview of OHDSI modules (characterisation, estimation, prediction) (Lecture)
- Live demo of execution of a module

15:00-15:20 • break

15:20-17:20 • Session 4: Research study in depth (interpretation)

- Exploration of results in OHDSI analysis viewer



OHDSI HADES releases: ParallelLogger 3.2.0

ParallelLogger 3.2.0

Reference

Articles ▾

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HADES



ParallelLogger 3.2.0

Changes

1. When calling any log function (e.g. `logInfo()`) before any loggers are registered, `ParallelLogger` no longer creates a default console logger, but just writes the output to console (except for `logTrace()` and `logDebug()`). Global handlers will not be registered until a logger is registered explicitly (using `registerLogger()`). As a consequence, any warnings about calling global handlers with callers on the stack (when in a `try...catch`) will not occur until explicitly registering a logger.

ParallelLogger 3.1.0²⁰²²⁻¹²⁻⁰⁸

Changes

1. Truncating long argument values when a thread throws an error in `clusterApply()` to avoid clutter.
2. Showing warning about being inside a `tryCatch` or `withCallingHandlers` block only once per R session.
3. The `matchInList()` function now looks for equivalence, not exact match (e.g. a numeric and integer can still be considered the same).

Bugfixes

1. Fixed issue when loading a JSON object where the first item in a list is a data frame.

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1.0.0





OHDSI HADES releases: SqlRender 1.15.1

SqlRender 1.15.1

Reference

Articles ▾

SqlDeveloper

Changelog

HADES



SqlRender 1.15.1

Bugfixes:

1. Fixed translation of `DATEADD ()` for DuckDB when number to add is an expression instead of a verbatim number.
2. Fixed Synapse option in the SqlDeveloper Shiny app.

SqlRender 1.15.0₂₀₂₃₋₀₅₋₀₈

Changes:

1. Adding translation of `FROM (VALUES ...) AS drvd (...)` for PostgreSQL, SQL Server, Oracle, RedShift, SQLite, DuckDb, BigQuery, and Spark.

Bugfixes:

1. Correct translation when referring to temp table field for DBMSs that don't support temp tables (e.g. `SELECT #tmp.name FROM #tmp;`).
2. Fixing `'...'` in table aliases generated by `dbplyr`.

SqlRender 1.14.0₂₀₂₃₋₀₄₋₁₃

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OHDSI HADES releases: DatabaseConnector 6.2.3

DatabaseConnector 6.2.3

Reference

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DatabaseConnector 6.2.3

Changes:

- 1. The `dbFetch()` function now respects `n = -1` and `n = Inf` arguments. Will throw warning if other value is used.

Bugfixes:

- 1. Fixing error about missing origin when fetching dates on older R versions.
- 2. Fixing RStudio connection panel information for DuckDB.

DatabaseConnector 6.2.2²⁰²³⁻⁰⁶⁻²³

Changes:

- 1. Changing heuristic for detecting when almost running out of Java heap.
- 2. Setting default `fetchRingBufferSize` for RedShift to 100MB (instead of 1GB) to preven Java out of heap errors, and overall better performance.
- 3. Using integers instead of strings to pass dates from Java to R for improved speed.
- 4. Using doubles instead of strings to pass datetimes from Java to R for improved speed.

Bugfixes:

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OHDSI HADES releases: MethodEvaluation 2.3.0

MethodEvaluation 2.3.0

Reference

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MethodEvaluation 2.3.0

Changes:

1. Using `checkmate` to check function input.
2. Adding `packageCustomBenchmarkResults()` to support custom methods benchmarks.
3. Fixing seeds and setting `resetCoefficients = TRUE` to ensure reproducibility of positive control synthesis.

MethodEvaluation 2.2.0

Changes:

1. Updating from `oracleTempSchema` to `tempEmulationSchema` for newer versions of `SqlRender`.
2. Added unit tests.

MethodEvaluation 2.1.0

Changes:

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OHDSI HADES releases: FeatureExtraction 3.3.0

FeatureExtraction 3.3.0

Reference

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FeatureExtraction 3.3.0

New Features:

- Adds the ability to create cohort-based covariates (#96)
- Add covariates based on care_site_id (#164)

Bug Fixes:

- Cast demographic index year and month-year to properly format the covariate name (#158)
- Fix vignette output to include code blocks (#163)
- Fix failing unit tests (#178)
- Switch unit tests to use temp cohorts tables (#166)
- Fix typo in UsingFeatureExtraction vignette (#186)
- Fix duplicate analysis IDs in PrespecTemporalAnalysis (#144)
- Fix duplicate cdmVersion arguments in vignette (#176)

Other:

- Add examples to all function documentation (#201)
- Standardize Maven libraries (#197)

FeatureExtraction 3.2.0

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OHDSI HADES releases: Capr 2.0.5

Capr 2.0.5 Reference Articles ▾ Changelog

HADES



Capr

Capr is part of [HADES](#)

Introduction

The goal of Capr, pronounced 'kay-pr' like the edible flower, is to provide a language for expressing OHDSI Cohort definitions in R code. OHDSI defines a cohort as "a set of persons who satisfy one or more inclusion criteria for a duration of time" and provides a standardized approach for defining them (Circe-be). Capr exposes the standardized approach to cohort building through a programmatic interface in R which is particularly helpful when creating a large number of similar cohorts. Capr version 2 introduces a new user interface designed for readability with the goal that Capr code being a human readable description of a cohort while also being executable on an OMOP Common Data Model.

Learn more about the OHDSI approach to cohort building in the [cohorts chapter of the Book of OHDSI](#).

Installation

Users can install the current development version of Capr from [GitHub](#) with:



Links

[Browse source code](#)

[Report a bug](#)

[Ask a question](#)

License

[Full license](#)

Apache License (>= 2)

Citation

[Citing Capr](#)

Developers

Martin Lavallee
Author, maintainer

Adam Black
Author

Dev status

 74%





OHDSI HADES releases: Ulysses 0.0.2

Ulysses 0.0.1 Reference Articles ▾ Changelog



Ulysses

Ulysses is part of [HADES](#)

Introduction

Ulysses is an R package that automates setup of an OHDSI study and provides functions to assist with its maintenance and organization.

System Requirements

Requires R (version 4.1 or higher)

Installation

1. See the instructions [here](#) for configuring your R environment, including RTools and Java.
2. In R, use the following commands to download and install Ulysses:



Links

[Ask a question](#)

License

[Full license](#)

Apache License (>= 2)

Citation

[Citing Ulysses](#)

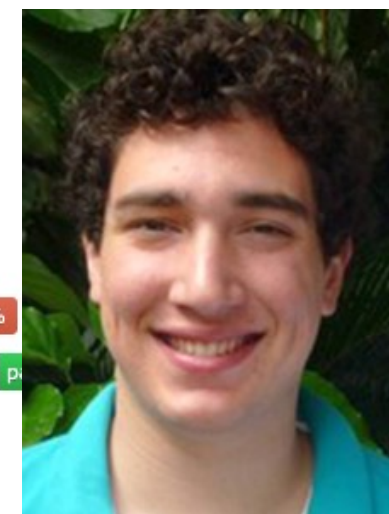
Developers

Martin Lavalée
Author, maintainer

Dev status

 **codecov** 25%

 **R-CMD-check** p





Global Symposium



Global Symposium

Oct. 20-22 • East Brunswick, NJ, USA

ohdsi.org/OHDSI2023




OHDSI 2023 Global Symposium October 20-22 • East Brunswick, NJ, USA

** This agenda is tentative and subject to change*

	Friday, Oct 20	Saturday, Oct 21	Sunday, Oct 22
8:00am	Welcome to OHDSI2023!	Intro to OHDSI Tutorial & OHDSI workgroup activities	OHDSI collaborative workshop: HowOften
9:00am	State of the Community		
10:00am	Community networking		
11:00am	Plenary session		
12:00pm	Lunch	Collaborator Showcase: posters & demos	Collaborator Showcase: posters & demos
1:00pm	Panel: Network studies	OHDSI collaborative workshop: HowOften	OHDSI workgroup activities
2:00pm	Collaborator Showcase: posters & demos		
3:00pm	Collaborator Showcase: Lightning talks		
4:00pm	Collaborator Showcase: posters & demos		
5:00pm	Closing talk	Free time ☺	Time to go home ☺
6:00pm	OHDSI Got Talent!		



Global Symposium

		 <p style="text-align: center;">2023 OHDSI Global Symposium Friday, October 20- Sunday, October 22 Hilton East Brunswick Hotel and Meeting Center</p>											
Friday, October 20													
Start Time	End Time												
7:00	8:00	Registration/ Light Breakfast											
8:00	9:00	Welcome to OHDSI2023											
9:00	10:00	State of the Community											
10:00	11:00	Community Networking/ Meet the Mentors											
11:00	12:00	Plenary Session											
12:00	13:00	Buffet Lunch											
13:00	14:00	Panel: Network Studies											
14:00	15:00	Collaborator Showcase - Posters and Software Demonstrations											
15:00	16:00	Collaborator Showcase - Lightning Talks											
16:00	17:00	Collaborator Showcase - Posters and Software Demonstrations											
17:00	18:00	Closing Talk											
18:00	19:00	OHDSI Got Talent!											
19:00	20:00	Networking Reception											
Saturday, October 21													
8:00	9:00	Introduction to OHDSI Tutorial	EXHIBITS	HADES	Oncology	Perinatal & Reproductive	CDM/Network Data Quality	Health Equity	Phenotype Evaluation	Industry Special Interest	Medical Imaging	Natural Lang. Processing	
9:00	10:00												
10:00	11:00	Collaborator Showcase (and lunch)											
11:00	12:00												
12:00	13:00	HowOften Large-scale Characterization Workshop											
13:00	14:00												
14:00	15:00												
15:00	16:00												
16:00	17:00												
Sunday, October 22													
8:00	9:00	HowOften Large-scale Characterization Workshop	EXHIBITS					HL7 FHIR-OMOP Connectathon					
9:00	10:00												
10:00	11:00	Collaborator Showcase (and lunch)											
11:00	12:00												
12:00	13:00			HADES	Vocabularies	Healthcare Svstems		Medical Devices	Education	ISPE-RWE For Pharmacovaiilance	Eye care & Vision Research	Psychiatry	
13:00	14:00												
14:00	15:00												
15:00	16:00												
16:00	17:00												

Job Openings – This Week In OHDSI page



OMOP Data Analyst

[Apply](#)

Wayne, PA, United States of America

Full time

Posted 5 Days Ago

R1363929

OMOP Data Analyst
Job Overview

Under broad guidance, performs data analytics activities related to complex business problems and issues to provide insight to decision makers. May provide analytic support for internal project teams and for external client consulting or services engagements.

Essential Functions

- Under broad guidance, performs quantitative or qualitative analyses to support the development of solutions for internal or external client project teams.
- Identifies and interprets trends and patterns in datasets to support the development of recommendations.
- Constructs impact assessment based on business data and market knowledge. Creates specifications for reports and analysis based on business needs and required or available data elements.
- May directly produce datasets and reports for analysis using system reporting tools.
- Verifies data for accuracy and completeness.
- May manipulate and transform data to optimize analyses.
- Performs audits of own work or that of others to ensure conformance with established procedures or to resolve routine issues.
- May work with stand alone data systems or enterprise wide tools supporting activities such as inquiry resolution, data validation, and trend analysis.
- SQL programming is a must.
- OMOP data model work experience is required.
- Experience with clinical data, EHR or pharmaceutical data is required.

About Us

IQVIA is a world leader in using data, technology, advanced analytics, and expertise to help customers drive healthcare – and human health – forward. Together with the companies we serve, we are enabling a more

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DBMI Home News & Events Research People Prospective Students Academics Resources

Tenure Track Faculty

#105752

Description

The Department of Biomedical Informatics (DBMI) of Columbia University seeks exceptional junior-level faculty members in the tenure track.

The positions are open to researchers interested in developing and applying informatics theory and achieving tangible benefits to health care and biology. Three particular foci are (1) machine learning for healthcare and health-related data science, (2) health information technology-based interventions to improve health care and the health of individuals and populations, and (3) translational bioinformatics.

Open Rank- Tenure Track of Internal Medicine in Translational Informatics

Albuquerque, NM, United States | req23346

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[Back to Search](#)

Open Rank- Tenure Track of Internal Medicine in Translational Informatics

Posting Number	req23346
Employment Type	Faculty
Faculty Type	Open Rank
Hiring Department	IM Translations Informatics (B52T)
Academic Location	School of Medicine
Benefits Eligible	The University of New Mexico provides a comprehensive package of benefits including medical, dental, vision, and life insurance. In addition, UNM offers educational benefits through the tuition remission and dependent education programs. See the Benefits home page for more information.
Position Summary	The University of New Mexico, Health Sciences Center, Department of Internal Medicine, seeks a faculty member to join the Division of Translational Informatics. This position is at the Open rank and Tenure track. While the focus of the position is research-oriented, optionally, the position affords the opportunity for the candidate to have a joint clinical appointment for part-time clinical service with the University of New Mexico, and/or the Raymond G. Murphy VA Medical Center. Salary will be commensurate with experience and education.

Boehringer Ingelheim is an equal opportunity global employer who takes pride in maintaining a diverse and inclusive culture. We embrace diversity of perspectives and strive for an inclusive environment which benefits our employees, patients and communities.

Senior Associate Director, Real World Data & Analytics (Remote)-232633

Description:

The purpose of this job is to:

- Generate real world evidence (RWE) to support in-line and pipeline products.
- Provide statistical advice on the analysis of real world data (RWD) to various internal and external stakeholders.
- Contribute to the RWD acquisition strategy and tool evaluation.
- Participate in the development and presentation of RWE trainings.

As an employee of Boehringer Ingelheim, you will actively contribute to the discovery, development and delivery of our products to our patients and customers. Our global presence provides opportunity for all employees to collaborate internationally, offering visibility and opportunity to directly contribute to the company's success. We realize that our strength and competitive advantage lies with our people. We support our employees in a number of ways to foster a healthy working environment, meaningful work, diversity and inclusion, mobility, networking and work-life balance. Our competitive compensation and benefit programs reflect Boehringer Ingelheim's high regard for our employees.

Duties & Responsibilities:

- Provide expert advice in the analysis of real world data (such as medical claims, electronic health records, registries) for stakeholders in epidemiology, market access / HEOR, medical affairs, and other functional areas. These analyses may include:

R&D

Associate Director, Observational Health Data Analytics – Global Epidemiology

JOB TITLE	Associate Director, Observational Health Data Analytics – Global Epidemiology
FUNCTION	R&D
SUB FUNCTION	Epidemiology
LOCATION	Raritan, New Jersey, United States; Horsham, Pennsylvania, United States; United States; Titusville, New Jersey, United States
DATE POSTED	May 23 2023
REQUISITION NUMBER	2306123161W

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Software Dev Analyst II - Res - G&C - CTSI

Job ID: REF9053H
Date posted: 2/20/2023

Employment Type: Full Time
Shift: Days
Location: Boston, MA

Research Programmer Analyst (RPA) Remote/Hybrid

IT EDW Operations
Full Time
72873BR

Job Summary

Work as a Research Programmer Analyst (RPA) on a small team to develop, operate, and maintain ETL processes, clinical data warehouses, and associated data products for health research.

The RPA's role is multi-faceted, involving domain knowledge (clinical data, research informatics), technical expertise, and communication skills. The RPA will operate, monitor, and enhance existing ETL processes and infrastructure, develop data profiles, perform quality assessments, investigate data anomalies, and create/maintain related documentation and annotated data dictionaries. The RPA will routinely communicate with researchers, clinicians, data scientists, and other stakeholders to stay aligned with needs and understand data requirements and translate them into efficient, well-documented ETL solutions.

The RPA will support multiple projects and data assets, including the PCORnet CDM (and related research projects), the UC Health Data Warehouse (UC HDW Operational OMP), and the 'All of Us' Research Program.

Responsibilities include, but are not limited to the following:

- Work closely with researchers, data scientists, and other stakeholders to understand their data requirements and translate them into efficient ETL solutions.
- Develop, implement, and maintain ETL processes using SSIS and T-SQL stored procedures to extract, transform, and load data from Epic EHR and other sources into common data models like PCORnet CDM and OHDSI's OMOP.
- Ensure data quality and integrity throughout the ETL process by performing data mapping, transformation, and validation.
- Optimize ETL processes for performance, scalability, and reliability, identifying and resolving bottlenecks as needed.
- Collaborate with team members to integrate data from disparate sources and ensure seamless data flow for research purposes.
- Maintain up-to-date knowledge of the healthcare domain, including clinical terminologies, workflows, data standards, and regulations.
- Adhere to data security best practices and ensure compliance with privacy regulations like HIPAA.
- Provide (and request) technical support and guidance to (and from) other team members as needed.
- Contribute to project management, setting priorities, and meeting deadlines.

To see the salary range for this position (we recommend that you make a note of the job code and use that to look up): [UCSF Non-Academic Titles Search \(ucsf.edu\)](#)

Please note: The compensation ranges listed online for roles not covered by a bargaining unit agreement are very wide, however a job offer will typically fall in the range of 80% - 120% of the established mid-point. An offer will take into consideration the experience of the final candidate AND the current salary level of individuals working at UCSF in a similar role.

For roles covered by a bargaining unit agreement, there will be specific rules about where a new hire would be placed on the range.

To learn more about the benefits of working at UCSF, including total compensation, please visit: <https://ucsfnet.universityofcalifornia.edu/compensation-and-benefits/index.html>



Where Are We Going?

**Any other announcements
of upcoming work, events,
deadlines, etc?**





Three Stages of The Journey

Where Have We Been?

Where Are We Now?

Where Are We Going?





July 11: European Symposium Review



Renske Los

Assistant Professor of Medical Informatics, Erasmus University Medical Center



Talita Duarte-Salles

Senior Epidemiologist, IDIAPJGol
Assistant Professor, Erasmus University Medical Center



Maxim Moinat

Scientific Researcher, Erasmus University Medical Center



Cesar Barboza

Software Developer, Erasmus University Medical Center